

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *Boyer*  
Township *Bigelow*  
City (No. ....)

Registration District No. *372*  
Primary Registration District No. *5513*

File No. *873*  
Registered No. *743*  
St. .... Ward)

2. FULL NAME

(a) Residence, No. .... St. .... Ward. ....

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 15 1921*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
*5 14*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Halt Se Mo.*

13. NAME *Murvin Schenck*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Louis 2*

15. MAIDEN NAME *Marie Schrader*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT *Murvin Schenck*  
(ADDRESS) *Bigelow Mo.*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *St. Hope* DATE *1-21 1932*

19. UNDERTAKER *W. C. Crawford*  
(ADDRESS) *Marion Mo.*

20. FILED *Jan 24 1932* Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 29 1932*  
22. I HEREBY CERTIFY, that I attended deceased from *Jan 20 1932* to *Jan 29 1932*  
I last saw him alive on *Jan 28 1932* Death is said to have occurred on the date stated above, at *7 a.m.*  
The principal cause of death and related causes of importance were as follows:

*Scarlet fever*  
Other contributory causes of importance:

Name of operation .... Date of ....  
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .... Date of injury .... 19 ....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ....  
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify *DB Perry Larmer, M. D.*  
(Signed) *DB Perry Larmer* (Address) *Marion City Mo*

